Changing lives through learning

Access to Higher Education Unit

This unit forms part of an Access to HE Diploma. If delivering the graded version of this unit, please refer to the Provider Handbook for details on grading descriptors and the application of these across units within your programme.

Unit Title: The Role and Responsibilities of the Midwife

Graded Unit Reference Number: GA36BIO49

Ungraded Unit Reference Number: UA36BIO49

Module: Biology; Context of Health

Level: Three [3]

Credit Value: Six [6]

Minimum Guided Learning Hours: 60

Learning Outcome (The Learner will):		Assessment Criterion (The Learner can):	
1.	Understand the code of practice governing midwifery	1.1	Explain how the NMC Code is applied in midwifery practice across the maternity care pathway.
		1.2	Discuss situations where ethical principles and professional standards may conflict in midwifery care.
2.	Understand the role of the midwife within maternity care services	2.1	Describe the role of the midwife across the antenatal, intrapartum and postnatal periods.
		2.2	Explain how midwives work in partnership with other healthcare professionals to provide safe maternity care.
		2.3	Explain how different maternity settings, including community, hospital and continuity-of-carer models, influence the role of a midwife.
3.	Understand how midwifery practice supports women's rights, wellbeing and safeguarding throughout pregnancy and birth	3.1	Explain how midwives support informed choice and consent throughout pregnancy and birth.

Learning Outcome (The Learner will):	Assessment Criterion (The Learner can):
	3.2 Evaluate how midwives promote health, wellbeing and safeguarding for women and babies.
	3.3 Evaluate how midwives provide inclusive and culturally sensitive care to women and families.

Indicative Content

Learners could cover the following:

(The information below is provided for guidance only and is not mandatory)

LO1

AC1.1

Learners could cover:

Overview of the NMC Code (2018): The four themes – *prioritise people, practise effectively, preserve safety, promote professionalism and trust*.

Application in antenatal care:

- Informed discussions during booking appointments.
- Confidentiality and record-keeping.
- Risk assessment, escalation, referral.

Application in intrapartum care:

- Maintaining safety in labour; monitoring maternal and fetal wellbeing.
- Decision-making, consent for procedures.
- Respect for women's preferences and birth plans.

Application in postnatal care:

- Safe discharge planning; feeding support.
- Newborn examination responsibilities (within scope).
- Continuation of safeguarding responsibilities.

Professional boundaries and communication:

- Respect, dignity, cultural sensitivity.
- Duty of candour and accountability.

AC1.2

Learners could cover:

Core ethical principles: autonomy, beneficence, non-maleficence, justice.

Examples of conflict:

- Woman refusing recommended treatment (e.g., induction, caesarean section).
- Balancing maternal autonomy with fetal wellbeing.
- Safeguarding concerns in pregnancy vs maintaining trust.
- Confidentiality vs disclosure in high-risk circumstances.

Professional judgement and reflection:

- Use of supervision and multidisciplinary case discussion.
- Legal and policy frameworks (Mental Capacity Act overview, safeguarding duties).

	Cultural factors influencing ethical dilemmas and their impact on care planning.
LO2	AC2.1 Learners could cover: **Antenatal role:** - Booking assessment; screening and diagnostic pathways (overview). - Promoting health and wellbeing; public health messaging. - Identifying risk; referral to obstetric or specialist services. **Intrapartum role:** - Support for physiological labour and birth. - Monitoring progress and fetal wellbeing. - Managing complications within scope; escalating when required. - Supporting birth choices and pain management options. **Postnatal role:** - Maternal physical and emotional assessment. - Newborn assessment and feeding support. - Parent education and transition to community care. - Recognising postnatal mental health concerns. AC2.2 Learners could cover: **Multidisciplinary team roles:** obstetricians, anaesthetists, health visitors, neonatal nurses, maternity support workers, safeguarding teams, mental health professionals. **Teamworking frameworks:** communication tools (e.g., SBAR), shared decision-making. **Referral pathways:** escalation for high-risk pregnancies, emergency situations, social care involvement. **Collaborative care planning:** continuity-of-carer models; integrated pathways. AC2.3 Learners could cover: **Community midwifery:** - Home visits, clinics, caseloading models. - Health promotion, social determinants of health. **Hospital-based midwifery:** - Triage, antenatal ward, labour ward, postnatal ward responsibilities. - Dealing with higher acuity and obstetric-led pathways. **Birth centres / continuity-of-carer models:** - Midwife-led care, support for physiological birth. - Reduced intervention environments. **Impact of setting on autonomy, escalation processes and interprofessional communication.**
LO3	AC3.1 Learners could cover: **Principles of informed choice:** unbiased information, shared decision-making.

Consent in maternity care: ongoing process, withdrawal of consent, documentation.

Communication strategies: plain language, visual aids, cultural sensitivity.

Supporting birth planning: discussing risks/benefits; respecting personal, cultural and religious preferences.

AC3.2

Learners could cover:

Public health role:

- Healthy lifestyle promotion (smoking cessation, nutrition, exercise).
- Screening programmes and immunisations (overview only).

Safeguarding responsibilities:

- Identifying and responding to risk (domestic abuse, substance misuse, FGM, mental health concerns).
- Understanding local safeguarding pathways.

Monitoring wellbeing:

- Recognising signs of perinatal mental health challenges.
- Supporting vulnerable women and families.

Newborn wellbeing:

- Infant feeding guidance; safe sleeping; bonding and attachment.

AC3.3

Learners could cover:

Cultural awareness and inclusive practice: respecting diverse cultural, spiritual and religious needs.

Barriers to accessing maternity care: language, literacy, social deprivation, discrimination.

Trauma-informed care: supporting individuals with past trauma, including birth trauma, migration experiences or abuse.

Strategies for inclusive care: interpreters, personalised care plans, continuity models.

Advocacy role of the midwife: addressing inequalities in maternity outcomes.